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A

REPORT OF SIX MONTHS' WORK

IN THE

Out-Patient Department for Diseases of Women
at the Boston City Hospital.

BY

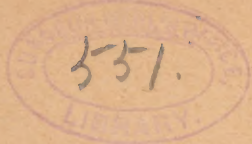
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*Reprinted from the Boston Medical and Surgical Journal of
April 2, 1891.*



BOSTON:

DAMRELL & UPHAM, PUBLISHERS,
283 Washington Street.
1891.



A REPORT OF SIX MONTHS' WORK IN THE
OUT-PATIENT DEPARTMENT FOR DISEASES
OF WOMEN AT THE BOSTON CITY HOSPI-
TAL.¹

BY DR. CHARLES M. GREEN AND DR. GEORGE HAVEN.

ALTHOUGH the daily routine of an out-patient clinic rarely offers much of conspicuous interest, it has seemed to us that an hour might profitably be spent in analyzing before you our work of the last six months at the Boston City Hospital, and in listening to the criticisms and suggestions which we hope our paper will elicit.

The clinic, which, in common with the other out-patient departments, except the surgical, is amply and conveniently accommodated in the new out-patient building, occupied early in 1890, is held on three days of the week: the period covered by our report, July 1 to December 31, 1890, therefore includes seventy-eight clinic days. On these days we have received 1,279 visits, of which number 350 were new patients: the average daily work of the clinic consists, therefore, of seeing 16 or 17 patients, of whom 4 or 5 are new. The ratio of new patients to old, as we see them, is as one to three. This large proportion of new to old patients is due to the facts that many women after examination and diagnosis are referred directly to the Admitting Physician and are not seen by us again, and secondly that numerous cases come from out of town for a diagnosis and an opinion only, and of course do not become regular attendants: further it will be seen later that a certain proportion of our cases has required but one or two visits from the nature of the condition found.

¹ Read before the Obstetrical Society of Boston, January 10, 1891.

The facilities for examining and treating patients, and incidently it may be said for teaching students, are vastly superior to the accommodations of the old building which had been our home until 1890: ample waiting room, a large consulting room, and two examining rooms with instruments in duplicate, blackboards, and every desired facility except an electrical plant, which will, we are confident, be provided in the future, not only enable the medical staff to do better work and better teaching; but the opportunities for a becoming privacy and the moral effect of the attendance of a nurse at all examinations have led thither a larger number of patients to seek advice. In the period covered by this report, 329 more visits were made to the clinic than in the corresponding period of the preceding year when we were lodged in the old building. Or if the attendance of the year 1889, which was the last whole year in the old lodge, be compared with that of the year 1890, which was almost wholly spent in the new building, it will be seen that the latter exceeds the former by 725.

In seeking to report the results of our work we find ourselves seriously handicapped by the want of carefully taken histories and subsequent records. Any one who has worked much in out-patient clinics is well aware of the great demands made upon his time, and knows that if he does justice to his patients there is little time in a busy morning to devote to accurate, careful and systematic case-taking. In our work we have tried to remember that the chief object of the clinic is to benefit those who seek advice there: secondarily, we have endeavored to make full use of the opportunities afforded us to teach the students attached to the clinic. The pursuit of these two objects has left us little time for systematic record-keeping; but we have sought always to make an accurate diagnosis at the patient's first visit, and thereafter,

except in cases of unusual importance, which are kept in a specially prepared record-book, subsequent notes are jotted down in the register as opportunities occur.

For these, and other reasons, we do not undertake to analyze our old cases, but present for your consideration the 350 new cases of the last six months. Of these women 240 were married, 11 were widows, 95 were single, and in four instances the civil status was not recorded. We classify the cases as follows:

DISEASES OF THE VULVA.

Eczema	2
Edema (traumatic)	1
Vestibulitis	1
Vulvitis	1
Vulvo-vaginal abscess	1

DISEASES OF THE VAGINA.

Absence of	1
Atresia (cicatricial, with sloughing of cervix following labor)	1
Prolapse of anterior wall	2
Vaginitis	9
" gonorrhœal	3
" senile	10

DISEASES OF THE UTERUS.

(a) Developmental :	
Conical cervix, with pin-hole os	7
Infantile uterus	1
(b) Inflammatory :	
Atresia of cervix	1
Cervicitis	10
Endocervicitis	2
Endometritis	7
(c) New Growths :	
Epithelioma of cervix	5
Fibroma (interstitial)	1
" (sub-serous)	3
Hypertrophy of anterior lip	2
Mucous polypus	3
(d) Displacements :	
Anteflexion of cervix	14
" corpus	10
" cervix and corpus	10
Latero-version	1

Prolapsus	35
" complete	1
Retroflexion	2
" with adhesions	2
Retroversion	32
" with adhesions	11
Retroversion and retroflexion	9
(e) Subinvolution	2
(f) Laceration of cervix	49

DISEASES OF THE UTERINE APPENDAGES.

Ovarian cyst	4
Prolapsus of ovary	7
Tubo-ovarian disease	7
Salpingitis	10
Pelvic peritonitis	1

FUNCTIONAL DISEASES.

Amenorrhœa	6
Metrorrhagia	4
Menopause	1
Constipation	5
Sterility	1

DISEASES OF BLADDER AND URETHRA.

Cystitis	3
Incontinence of urine	1
Cystocele	6

UNCLASSIFIED.

Abscess in groin	2
Anæmia	6
Debility	4
Hæmorrhoids	5
Pelvic abscess	2
Pregnancy	34
Rectocele	5
Rupture of the perinæum	8
" complete	2
Syphilis	4
Not examined	3
Examination declined	7
Diagnosis undetermined	10
Nothing found	9
Referred to medical department	11
" surgical department	1
" nervous department	1

Total lesions or conditions observed	422
Deduct for patients counted more than once	72

Total number of patients	350
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It will be observed that in this classification we have endeavored to base our diagnosis on anatomical or pathological conditions, and have avoided as far as possible making a symptom stand as the name of a condition or disease. It will be further noticed that when the same patient is affected with more than one lesion or pathological condition, each lesion or condition is classed under its appropriate head, and the proper deduction made for patients counted more than once.

We now propose to comment on some of these cases, either singly or in groups; but before doing so, we would call attention to one matter of general importance in respect to treatment. It will be remembered that a very large proportion of all hospital patients are hardworking people. Many who attend the woman's clinic are fagged-out mothers of families, or over-worked household servants: some are degraded. Nearly all are suffering with some other affections than those which strictly fall to the gynæcologist's care: tired nerves, dyspepsia, constipation, headaches, and numerous other minor ills are usually found associated with the pelvic troubles, whether or not they are dependent on, or are aggravated by, them. In dealing with this, to the gynæcologist, often uninteresting class of cases, we have always sought to relieve concomitant symptoms whether or not they are thought to proceed from the pelvic condition. Even when there has been reason to think that all the symptoms are explained by the local lesion, we have learned to believe in the wisdom of administering appropriate general treatment in conjunction with local measures of relief. In some cases we are able to accomplish little or nothing in the way of local treatment: successful gynæcological work presupposes intelligent co-operation on the part of the patient, and a more or less complete control. It is hardly worth while to undertake to treat an acute or

subacute pelvic inflammation, for example, in a patient who is unable to take any recumbent rest, who is too poor to provide herself with the facilities for taking suitable vaginal douches, and who is too unintelligent to carry out other measures that may be advised for her relief. Scientific and highly successful work in the treatment of diseases of women must be looked for chiefly among the well-to-do classes and in hospitals. Out-patient departments can palliate disease, relieve symptoms and in a certain proportion of cases cure: for the rest their administrators must be content to observe, to teach, and to learn.

Of the diseases of the vulva none were seen of especial interest except the case of traumatic œdema, which was said to have followed a kick. The labia were much swollen, and there were a few abrasions: rapid improvement followed the use of evaporating lotions and black wash.

The case in which the vagina was absent is of interest, from the rarity of the deformity. The patient was a young girl just past puberty, who was brought to the clinic because she had never menstruated: in general appearance she was well developed; but no history could be obtained of a menstrual molimen. Without anæsthesia it was impossible to determine whether or not the uterus and ovaries were also absent; but the patient was admitted to the service of Dr. Cheever, and it was proposed to examine under ether and proceed in accordance with the ether diagnosis. Unfortunately, however, the patient took fright and did not reappear.

The case of vaginal atresia associated with sloughing of the cervix, and following labor, craniotomy and septicæmia will be made the subject of a special paper. A sufficient time has not elapsed for marked contraction of the vaginal lumen to have taken place; but the

case will afford a considerable obstetrical interest, if pregnancy shall supervene a year or two hence.

While we have discriminated in our classification between simple and gonorrhœal vaginitis, we do not claim to be able to make a positive and scientific distinction between the two forms, except with the microscope. And yet it is generally possible, from history and macroscopic appearances of vulva, vagina and patient to differentiate with sufficient exactness between a gonorrhœal vaginitis and one due to non-specific irritation. In the benign, non-specific inflammation, removal of the cause, with cleanliness and astringents have always proved efficient. In true gonorrhœal vaginitis a germicide should precede other treatment. Happy is she whose gonococci are overtaken and destroyed before they have eluded pursuit in the folds of the Fallopian tubes.

Senile vaginitis appears to be an affection *sui generis*. It occurs in women long past the menopause and after atrophic changes have taken place in uterus and vagina. It is almost always associated, whether as cause or effect, with sleeplessness, irritability and other evidences of general nervous instability. We have found that the disturbance is readily overcome by a systematic course of bromides and tonics, and a few astringent applications.

In the one case of undeveloped uterus, the depth of the cavity is one and three-fourths inches; without ether the condition of the ovaries has not as yet been determined. The patient is well-developed in other respects and is desirous of bearing children; but nothing has yet been attempted in the way of treatment. Possibly an intra-uterine electric stem might be of service in such a case.

The seven cases of conical cervix with pin-hole os have been treated by gradual dilatation with Hanks's dilators, and marked improvement has followed in

those cases which complained of dysmenorrhœa. Whether or not the canal will remain permanently enlarged after suspension of treatment remains to be seen; but there is reason to believe that the relief is more than temporary. Our method has been to dilate at first once every week, except in the menstrual week, and follow with an intra-cervical application of strong carbolic acid. After a few weeks, dilatation is performed less frequently, and finally only once in the month, to wit, just before the expected catamenia. In cases wherein this method is not effective, we recommend forcible and extreme dilatation under ether, with Goodell's instrument, with the subsequent use of a perforated glass or hard-rubber plug stitched into the cervix and allowed to remain for ten days, the patient meanwhile being kept in bed.

Among the inflammatory disturbances there was one case of cervical atresia due to some operation which had been undertaken for the relief of dysmenorrhœa. The patient menstruated, but with great pain, and we were unable to pass even the smallest sized probe. No method of relief suggests itself other than incision, dilatation and possible introduction of a glass plug.

The cases of cervicitis were treated with iodine and carbolic acid, in conjunction with the hot douche and glycerine tampon. Some few were advised to have the cervix curetted. Two cases of endocervicitis received practically the same treatment. Seven cases of chronic endometritis, the result in nearly every case of abortion, were advised to enter the hospital.

Fourteen, or four per cent. of the total number of cases, find their proper place in the group of new growths. These were as follows: interstitial fibroma, one; subperitoneal fibroma, three; mucous polypus, three; hypertrophy of anterior lip of cervix, two; epithelioma of cervix, five. Only one of the cases of

fibroid gave any trouble, and this was from pressure. Electricity would possibly have diminished its size, but could not be used as we were not provided with the apparatus. The cases of mucous polypus were either sent to the house for operation, or the growth was removed while the patient was on the table. Five cases were of epithelioma of the cervix, or nearly one-third of the total number of cases in this group. They were for the most part advanced beyond all hope of radical treatment, the uterus being fixed, and infiltration having taken place in the cellular tissue. They all gave histories of hæmorrhage for various periods, usually months, and one case for more than a year. The flow was in almost every instance bloody, but we recall one case where there had been no hæmorrhage, the discharge being merely an offensive, yellow, mucopurulent one. They all supposed that the flow would stop, and had never before sought advice. They only made the old truth plainer, that hæmorrhage from the uterus frightens the average woman but to a very slight degree. They did not come so much on account of the flowing, as on account of general weakness which was growing steadily greater. They were all advised to enter the hospital.

Under the head of displacements we have grouped all cases where the uterus occupied a distinctly pathological position. In all, 127 such cases were noted. Of these 56 were displacements backward, divided as follows: retroversion without adhesions, 32; retroversion with adhesions, 11; retroversion and flexion, nine; and four cases of retroflexion.

In the cases of retroversion where adhesions were not present the uterus was replaced in one of several ways: either by placing the patient in the knee-chest position, and pushing the cervix backward with the aid of a tenaculum; or in the Sims position, using the tenaculum in the same way; or else the uterus was

seized by one hand on the abdomen assisted by the fingers of the other hand in the vagina and so brought into proper place. After this pessaries were used to maintain the corrected position. We wish to emphasize our disapproval of any instrument designed for replacing the uterus, as the uterine sound or repositor, believing that its use, even in skilful hands, is not unattended with danger.

Where adhesions were present the patient was placed in the Sims position and packed every five days. If tenderness existed, the hot douche and glycerine tampon preceded the packing. In no case was ether given and adhesions broken up by force. We believe, and not without cause, that the forcible separation of adhesions, even when done by skilful operators, and when the patient is in the most profound state of anaesthesia, is not unattended with danger. In some few cases adhesions running from the posterior uterine wall to the rectum may be felt and possibly separated by force; but we can never be sure that adhesions do not run in other directions, and the force which separates them is often sufficient to start up pelvic inflammation, the result of which, in many cases, is more serious than the trouble for which the persons first sought relief. One or two of these cases are still under observation. Treatment in the other cases was successful and they merely return from time to time to have their pessaries cleaned. The time occupied in replacing uteri by the methods employed varies from a few weeks to several months. Some of the cases were sent to the hospital later for needed operations on the cervix and perineum. The one case not mentioned was of lateral version, the uterus being pulled by adhesions (the result, undoubtedly, of some old inflammatory process) toward the right side. The cases of retroflexion received the same treatment as the retroversions and do not require any special comment. We

have not recorded a single case of anteversion, which we think only emphasizes the extreme rarity of this position of the uterus in a pathological sense. In such of the thirty-four cases of ante flexion, whether of cervix, corpus or both, as showed symptoms attributable to this lesion, we have sought to straighten the canal with sound or dilators and support the uterus with tampons,—these measures affording relief in some cases. When, as in some of the cases of ante flexed cervix, there was also prolapse, we have found benefit in the use of the Thomas or Emmett pessary; which not only corrects the prolapse, but by raising the uterus from its seat on the posterior vaginal wall allows the uterus to straighten itself and thus remove the ante flexion. We have not in any of these cases employed any form of so-called anteversion or ante flexion pessaries, believing that in the out-patient class of women, at least, such instruments are liable to do more harm than good.

Among the thirty-six cases of prolapsus uteri there was observed every variety of descent from the simple prolapse in first degree to the single case of complete prolapse with inversion of the vagina. In many cases there was associated with the prolapse a forward or backward displacement: in other cases there was laceration of the cervix with hyperplastic enlargement, with perhaps tears of the perinæum and vagina with rectocele or cystocele or both. In the treatment of this numerous class of cases we have been limited to non-operative procedures, and have referred to the admitting physician cases needing house treatment. In the other cases treatment has been directed to lightening the uterus and supporting it when necessary with a suitable pessary. To fulfil the former indication nothing is so efficient, when properly administered, as the hot water, vaginal douche. As the low bending branch, loaded with fruit, rears itself when lightened

of its burden, so will oftentimes the uterus, when disengorged of blood, rise to its normal level. Many minor cases are successfully treated simply with the blood-dispelling douche and perhaps the temporary support of tampons; in conjunction with which local treatment, however, tonics and roborants are usually necessary, to improve the muscular tone and the better to enable the uterine ligaments to support the womb. In other cases, especially in such as require plastic operations, but refuse them, pessaries are necessarily used; but owing to the well-known liability to subsequent neglect in this class of patients, pessaries are used as infrequently as possible.

Forty-nine women, or nearly one-seventh of the whole number, had sustained a laceration of the cervix, although the lesion was not in all cases attended by symptoms. Simple fissures, which may be called physiological, are not included in this number, but only tears which extended through the crown of the cervix. No attempt has been made to classify the cases according to unilateral or bilateral lesion, nor again according to the degree of the tear, nor according to the presence or absence of hyperplastic enlargement, cystic degeneration, or erosion. The routine local treatment of these cervixes has been the opening of cysts when found, cleansing with a two per cent. solution of creolin, painting with Churchill's tincture of iodine, and placing a tampon wetted with a ten per cent. mixture of iodoform in glycerine. This treatment is administered once a week, the tampon is allowed to remain two days, and a depleting hot douche is ordered for the remaining five days. Appropriate general treatment is prescribed as a matter of course. A few weeks of persistent treatment will usually reduce the cervix in size, remove all cysts and heal erosions. If then the tear is a deep one, if there is marked erosion and hyperplasia, the patient is advised to enter the house for

operation, if otherwise prepared. If, on the other hand, these conditions are absent, no operation is advised simply because of the tear. Cases in which there is a well-founded suspicion, based on gross appearances, of a beginning epitheliomatous degeneration, are promptly recommended for admission to the hospital, without waiting for the usual preliminary treatment, which in such cases would be of no particular value.

Twenty-nine cases are classed as diseases of the appendages. Four of these were supposed to be ovarian cysts. They were observed for a time and then sent to the hospital for treatment. Prolapse of the ovary is recorded seven times. In most of these cases the ovary was movable and the symptoms were somewhat relieved by the use of iodine, tampons, the hot douche and rest. Some of them fell into place when the patient was put in the knee-chest position. When a pessary could be used, relief often followed its application. The cases which were associated with backward displacement of the organ were very much benefited by having it replaced. In the cases where adhesions were present little was accomplished by treatment.

Seven cases occur under the heading of tubo-ovarian. The diagnosis was not always clear; but the tube and ovary were supposed to share in the pathological process. These cases were treated with the hot douche, iodine, light packing, and rest; and certainly very satisfactory results were not obtained. The same may be said of the ten cases of salpingitis. Some of these have drifted away from observation and probably seek in other clinics the relief which they failed to obtain with us. Some few were relieved, and others advised to enter the hospital for operation.

We have also classed among this group one case of pelvic peritonitis, believing it belongs here on account of its etiology, the germs which caused it undoubtedly finding their first home in the appendages.

Among the functional diseases, the six cases of amenorrhœa were all traceable to anæmia and debility. The patients were given iron or arsenic with general hygienic treatment and several of the cases have already begun to menstruate again, while others are still under treatment.

The five cases classed as "constipation" by no means embrace all who were thus functionally disturbed. There were five women in whom constipation seemed to be the sole disturbance and cause of symptoms: speaking roughly there probably were not many more than five women in the whole number in whom the function of defecation was normally performed. In nearly all patients, therefore, we are obliged to consider this function. We endeavor, in so far as our time and the patient's intelligence will permit, to give advice as to the dietetic and hygienic management of constipation. In the way of drugs we have found that on the whole the fluid extract of cascara sagrada is the most satisfactory: in some cases pills of aloin, strychnia and belladonna serve better.

Among the other classified troubles we find notes of three cases of cystitis, one case of incontinence, and six of cystocele. There also occur five cases, among the unclassified, of rectocele. The cystitis and incontinence require no special mention. The cases of cystocele were usually associated with rupture of the perineum, and gave more or less trouble in proportion to the extent that the bladder was involved.

The five cases classified as rectocele were possibly incorrect, inasmuch as notes were not made as to whether the rectum was involved in the prolapsing process in each case; and if we note Schroeder's comments on rectocele, we shall be inclined to think that more than half of the cases classified as such were in reality nothing but prolapse of the posterior vaginal wall. As far as treatment is concerned little can be

done in an out-patient clinic for this class of cases. Hot douches, tampons soaked in some astringent solution, as glycerite of tannin, gave a certain amount of relief. Most of them, however, were sent to the house, either for operations upon the perineum, or for anterior and posterior colporrhaphy.

The ten cases of perineal rupture, of which two were through the sphincter ani, do not include any of the minor tears, but only those of sufficient extent to necessitate surgical treatment: and such cases were referred to the Admitting Physician. The minor degrees of rupture, not included in our classification, we could, of course, do nothing for, except in the way of remedying by pessary or other treatment the vaginal or uterine displacements of which they were more or less the cause.

Thirty-four women, or nearly one-tenth of the whole number of new patients, were found to be pregnant. In some cases the patient came for the relief of some affection incident to pregnancy; but in most instances the women came to find out whether or not they were pregnant. So large a contingent is of no especial value to a gynæcological clinic, except in so far as it affords excellent opportunity for teaching, and for cultivating the ability to diagnosticate pregnancy in the early months. In examining for a suspected pregnancy attention is directed to the vulva, the appearance of which is often suggestive to the practised eye; to the vaginal introitus, with intent to observe the blue discoloration, if present; to the cervix and lower uterine segment, for characteristic changes; to the size and shape of the uterus, as ascertained by bi-manual examination; to the abdomen, in the later months, with a view to inspection, palpation and auscultation; and to the breasts, for their characteristic appearances. No detailed record has been kept of the presence or absence of specific symptoms; but we may say, in a general way,

that we have not found the peculiar, violet tint of the anterior vaginal wall below the urethra so frequently as some other observers appear to have done. In regard to the breast changes, we would bear evidence to their great value as diagnostic signs in the early months, when bi-manual palpation of the uterus is sometimes inconclusive and unsatisfactory. Indeed, of so great value are these signs, that a probable diagnosis of pregnancy has often been made in the clinic, in spite of a history and other signs to the contrary, or at all events of a negative character; and we do not recall a case in which the probable diagnosis was not subsequently confirmed. Of course it is unwise to express any opinion to a patient of a positive nature that is not founded on positive knowledge; but it is extremely convenient to the physician to be able to make a diagnosis of sufficient probability to govern his treatment and future course of action: for this reason we teach our students never to neglect an inspection of the breasts in cases where pregnancy is suspected.

